

Name  
in  
Full

Emory Ayddolter child

## CERTIFICATE OF DEATH

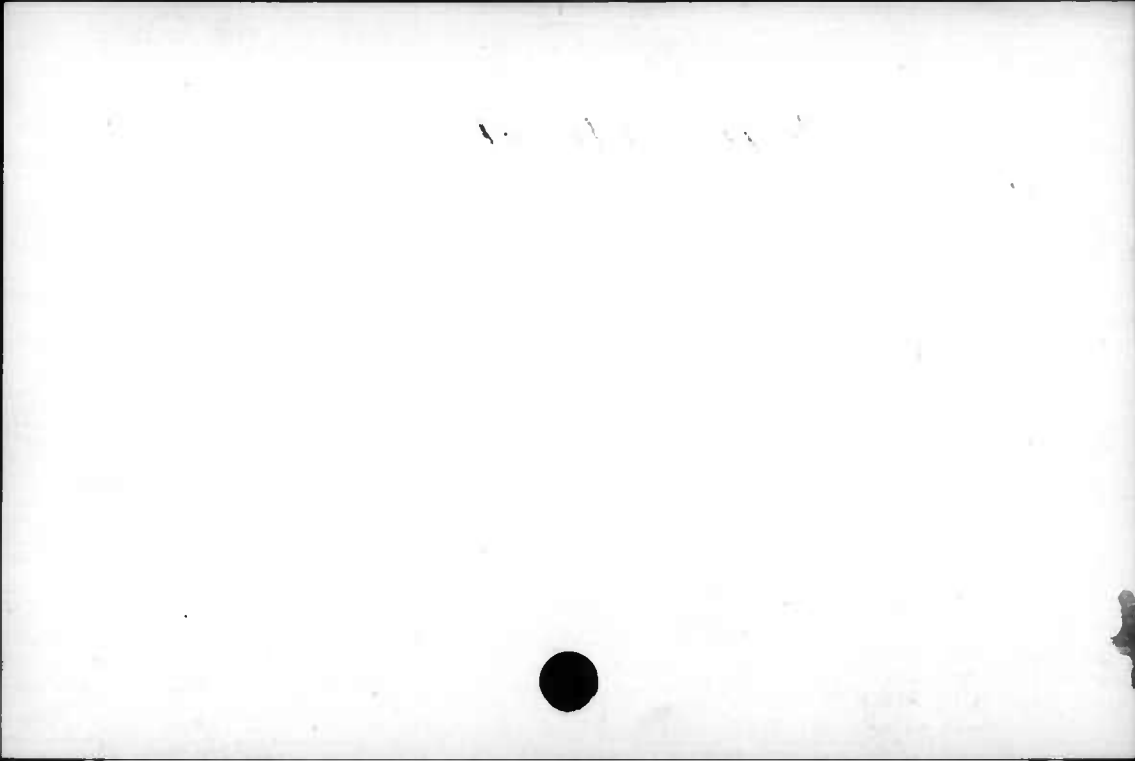
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Berlin</i> <sup>town</sup>		County <i>innorton</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>14</i>	Age	Years	Months <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing if not at place of death		
<del>Married</del> , Single or <del>Widowed</del>			Name of Wife or Husband		
Father's Name <i>Emory Ayddolter</i>			Father's Birthplace		
Mother's Maiden Name <i>Margie Lemmings</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Emory Ayddolter</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i> <b>(151)</b>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. E. Holland</i>
		Address <i>Berlin Md</i>
Accident or Suicide?		



Name

in  
Full

Julia Beauchamp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

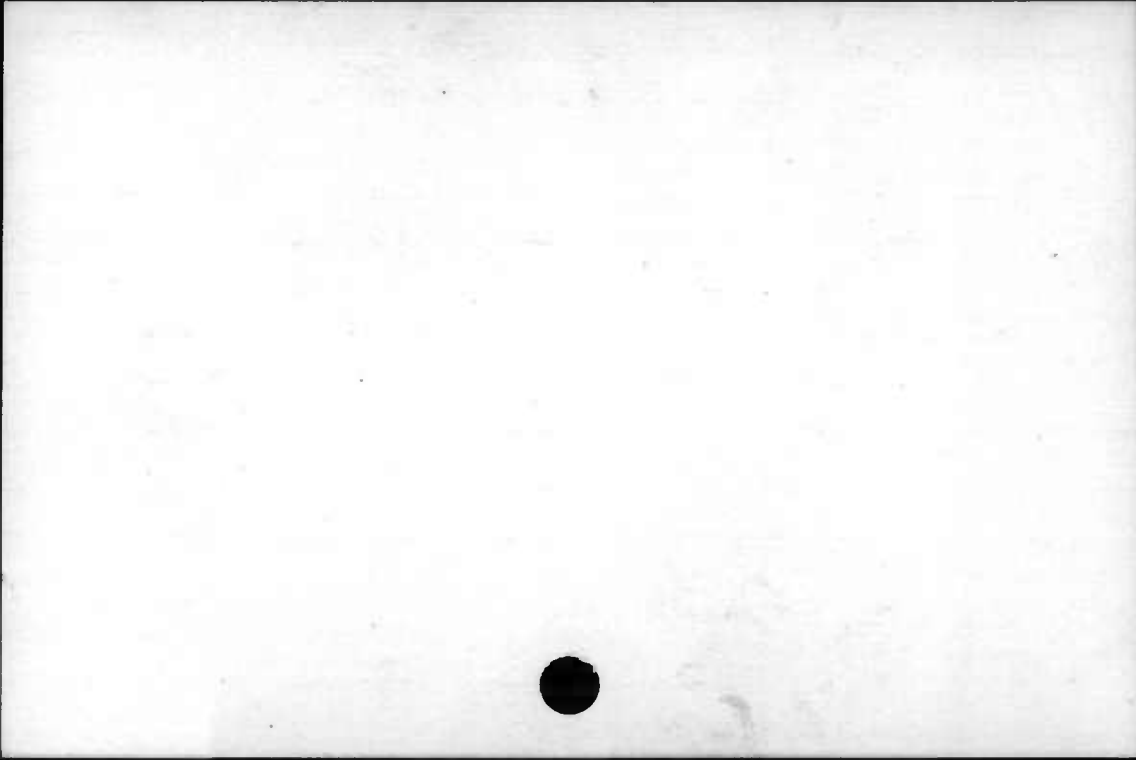
Died at		Town Pocomoke city		County Worcester		MARYLAND	
Date of death	1907	Month Feb.	Day Sunday	Age 1	Years	Months 2	Days
Sex	female		Color or Race	colored		Birth-place	Pocomoke
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Sydney Beauchamp		Father's Birthplace		
Mother's Maiden Name			Maryie Coleman		Mother's Birthplace		
Name of person giving information			Sydney Beauchamp		How related to deceased		
					Father		

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	Pseudo tuberculosis group	How long	three days
Immediate	asphyxiation & collapse	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	F. W. C. Sevier
		Address	Pocomoke
			md.
Accident or Suicide?			



Name  
in  
Full

*George E. Bishop*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>7</i>	Day <i>22</i>	Age <i>—</i>	Months <i>Six</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Snow Hill Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Snow Hill Md.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Leven Bishop</i>	Father's Birthplace <i>Snow Hill Md.</i>				
Mother's Maiden Name <i>Mary Bishop</i>	Mother's Birthplace <i>Snow Hill Md.</i>				
Name of person giving information <i>Leven Bishop</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritussis</i>	<i>(8)</i>	How long <i>3 weeks</i>
Immediate <i>Strangulation in Paroxysm</i>	How long <i>immediately</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm. J. Delotte</i>	
	Address <i>Snow Hill Md.</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Gordon Bishop</i>		Town <i>Near Girdle Tree</i>		County <i>Norchester</i>		MARYLAND	
Died at <i>Near Girdle Tree</i>		Month <i>Feb</i>		Day <i>17</i>		Years <i>18</i>	
Date of death <i>1907 Feb 17</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Near Girdle Tree</i>	
Occupation <i>Farming</i>		Where Residing if not at place of death <i>Thomas Bishop's</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unmarried</i>	
Father's Name <i>Ambrose Bishop</i>		Father's Birthplace <i>Near Girdle Tree</i>		Mother's Maiden Name <i>Mary Collick</i>		Mother's Birthplace <i>Near Girdle Tree</i>	
Name of person giving information <i>Matthias Stevens</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	<i>(27)</i>	How long <i>About 4 years</i>
Immediate			
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>William J. Onley M.D.</i>		
Address	<i>Girdle Tree Md</i>		
Accident or Suicide?			

To undertaker

Wm. Williams  
of Snowhill Md



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		2	19	45			
Sex	Female	Color or Race	Blk		Birth-place	Ind	
Occupation	Housekeeper		Where residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Joseph Brown			
Father's Name	Robt. Self		Father's Birthplace		Ind		
Mother's Maiden Name	Patty Self		Mother's Birthplace		"		
Name of person giving information	Joseph Brown		How related to deceased		Husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Unknown	(179)	How long	24 hours
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		None		
		Address		
		L. A. Massey, M.D.		
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

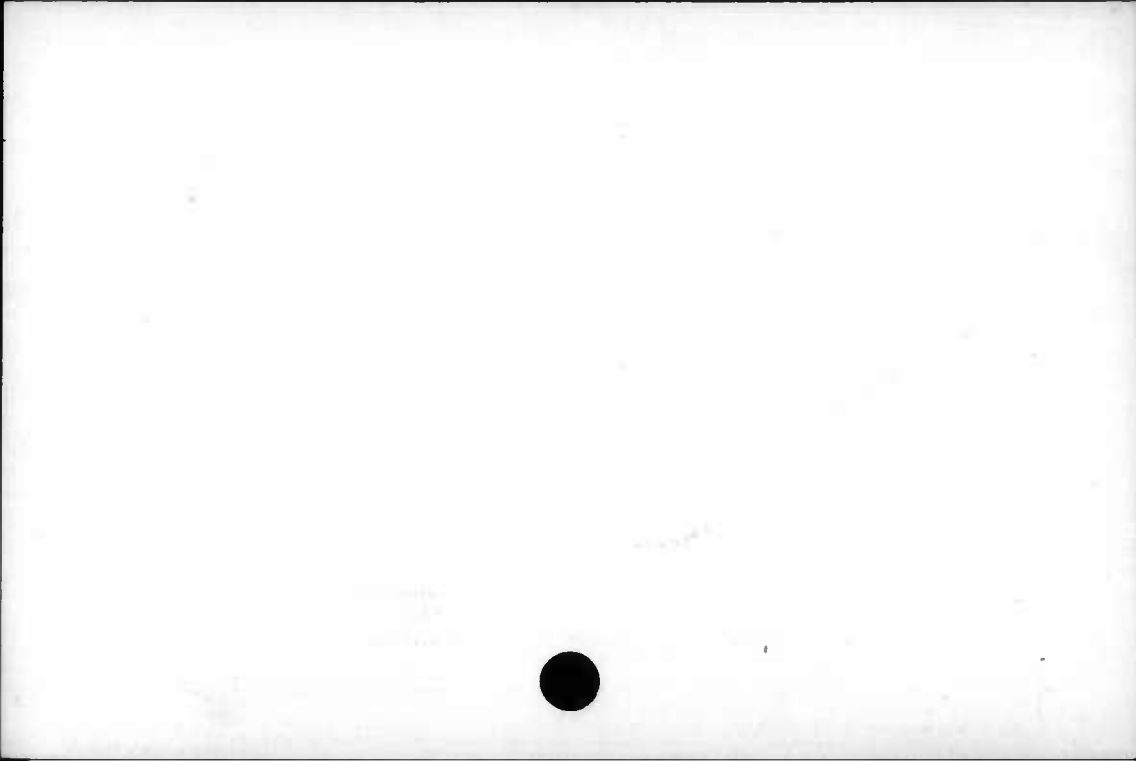
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Th. Buckingham</i>		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Berlin</i>		Month <i>Feb</i>		Day <i>14</i>		Years <i>1907</i>	
Date of death <i>1907 Feb 14</i>		Age <i>16</i>		Months <i>2</i>		Days <i>15</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Olivia Farris</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John Th. Buckingham</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(179)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Doctor in Attendance</i>
		Address <i>Daniel A. Massey, S.A.</i>
Accident or Suicide?		



Name  
in  
Full

Hester Collins

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pocomoke

Morton

Date

1907

Month

2

Day

19

Years

51

Age

Months

Days

Sex

Female

Color or  
Race

colored

Birth-  
place

Md

Occupation

Domestic

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
Husband

-

Father's  
Name

Jacob Collins

Father's  
Birthplace

Md

Mother's  
Maiden Name

Harriet Wise

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Laura Marshall

How related  
to deceased

daughter

## CAUSES OF DEATH

(93)

Primary

Broncho Pneumonia

How long

several months

Immediate

General prostration

How long

several days

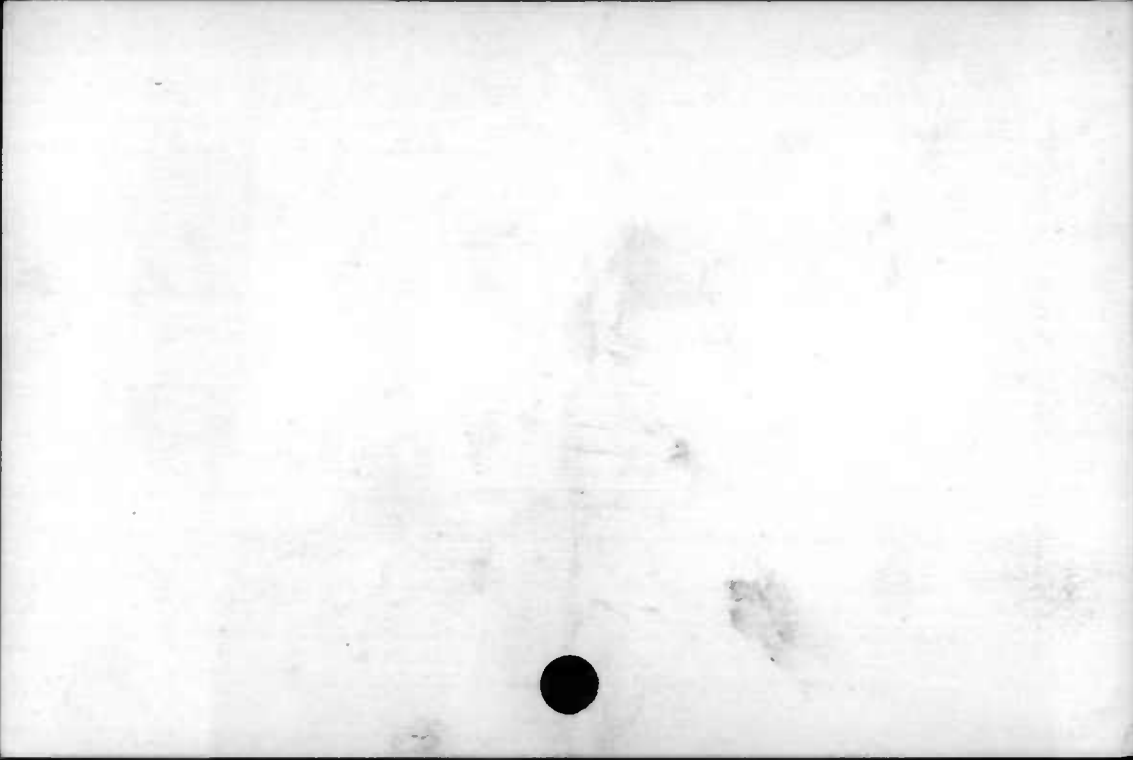
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. W. Wells

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDName *Samuel Druman*  
Died at *near. Pocomoke* TownCounty *Wicomico*Date of death 1907 *Feb 1* Month *12* DayAge *26* Years

Months

Days

Sex *Male*Color or  
Race*Colored*Birth-  
place*Md.*

Occupation

*Walter*Where Residing if not  
at place of death*Shila Pa*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*✓*Father's  
Name*Joshua Druman*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Ellen James*Mother's  
Birthplace*Md.*Name of person giving  
In formation*John C. Long*How related  
to deceased*1/2 brother*

## CAUSES OF DEATH

(27)

Primary

*Pulmonary Tuberculosis*

How long

*Do not know*

Immediate

*Exhaustion*

How long

*1 week*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*J. W. Williams*

Address

*Pocomoke City*

Accident or Suicide?

*✓* *Chills*PHYSICIAN  
OR CORONER





Name  
in  
Full

Mary O Dryden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

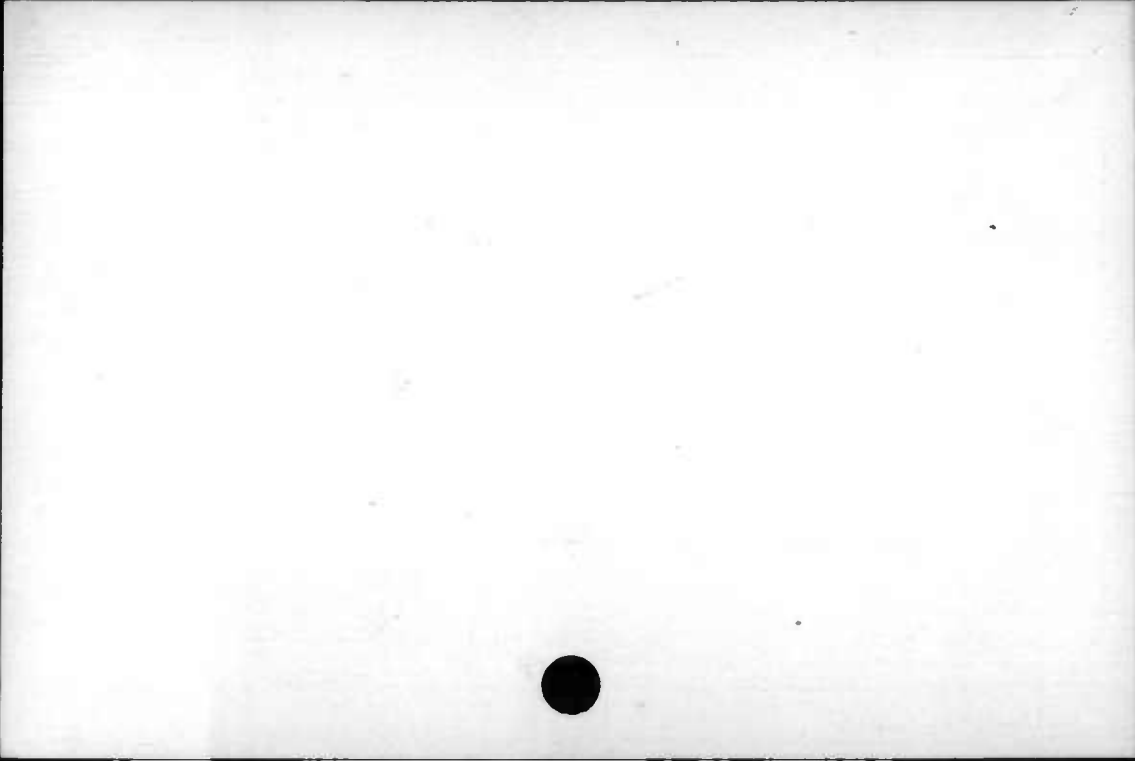
Died at <i>Paromoke city</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Feb	Day	14
		Age	62	Years	
Sex	Female	Color or Race	White	Birth-place	Worcester Co
Occupation	Domestic		Where Residing if not at place of death <i>in Dublin Dist</i>		
Married, Single or Widowed	Married	Name of Wife or Husband	<i>John H Dryden</i>		
Father's Name	<i>John Boston</i>		Father's Birthplace	<i>Worcester Co</i>	
Mother's Maiden Name	<i>Dont know</i>		Mother's Birthplace	<i>..</i>	
Name of person giving information	<i>Fester Jones</i>		How related to deceased	<i>Son in Law</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>Two years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel S. Lewis</i>	
		Address <i>Paromoke city Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

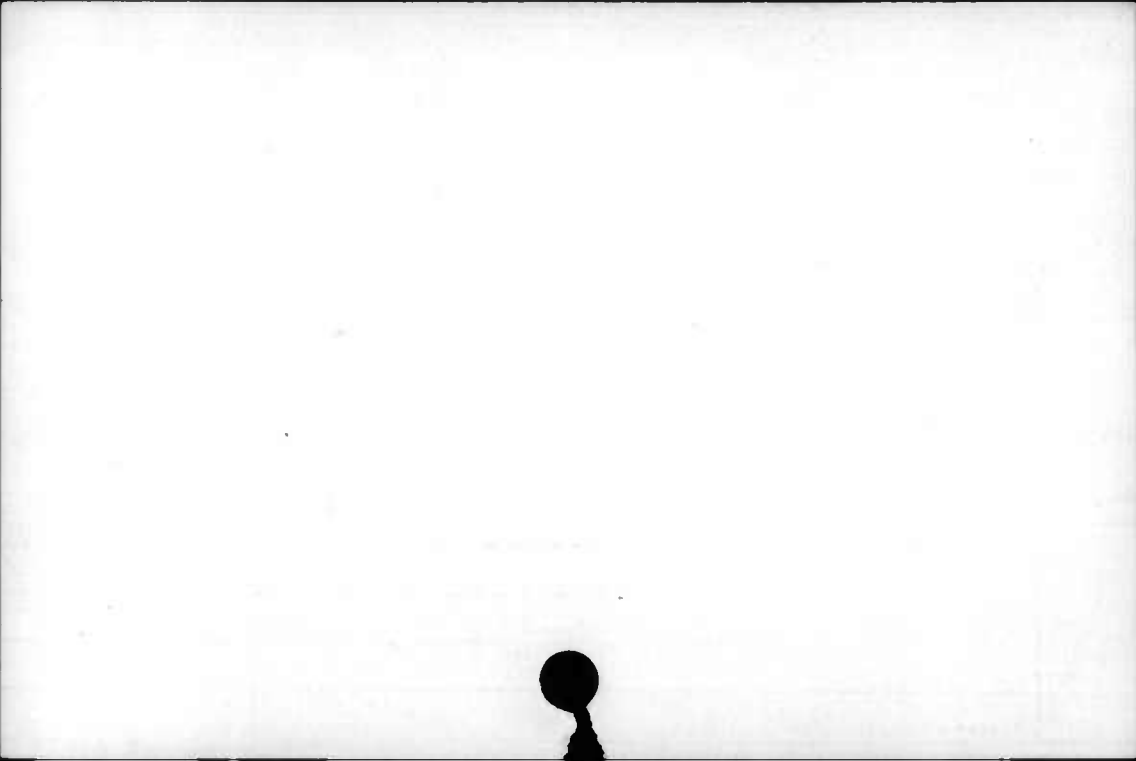
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Edgar J. Duen</b>		Town <b>Stockton</b>		County <b>Winchester</b>		MARYLAND	
Died at		Date of death		Age		Months	
		1907 Feb 26		63		11	
Sex		Color or Race		Birth-place			
Male		white		Md.			
Occupation		Where Residing if not at place of death					
Hotel Proprietor							
Married, Single or Widowed		Name of Wife or Husband					
Married		Dora Duggs					
Father's Name		Father's Birthplace					
L. J. M. Duen		Md.					
Mother's Maiden Name		Mother's Birthplace					
Matilda Taylor		Md.					
Name of person giving information		How related to deceased					
Dora Duen		wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Influenza	How long	4 days
Immediate	Lobar Pneumonia	How long	9 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. D. Dickerson	
		Address	
		Stockton Md.	
		Winchester Co.	
Accident or Suicide?			



Name  
in  
Full

A young Franklin

## CERTIFICATE OF DEATH

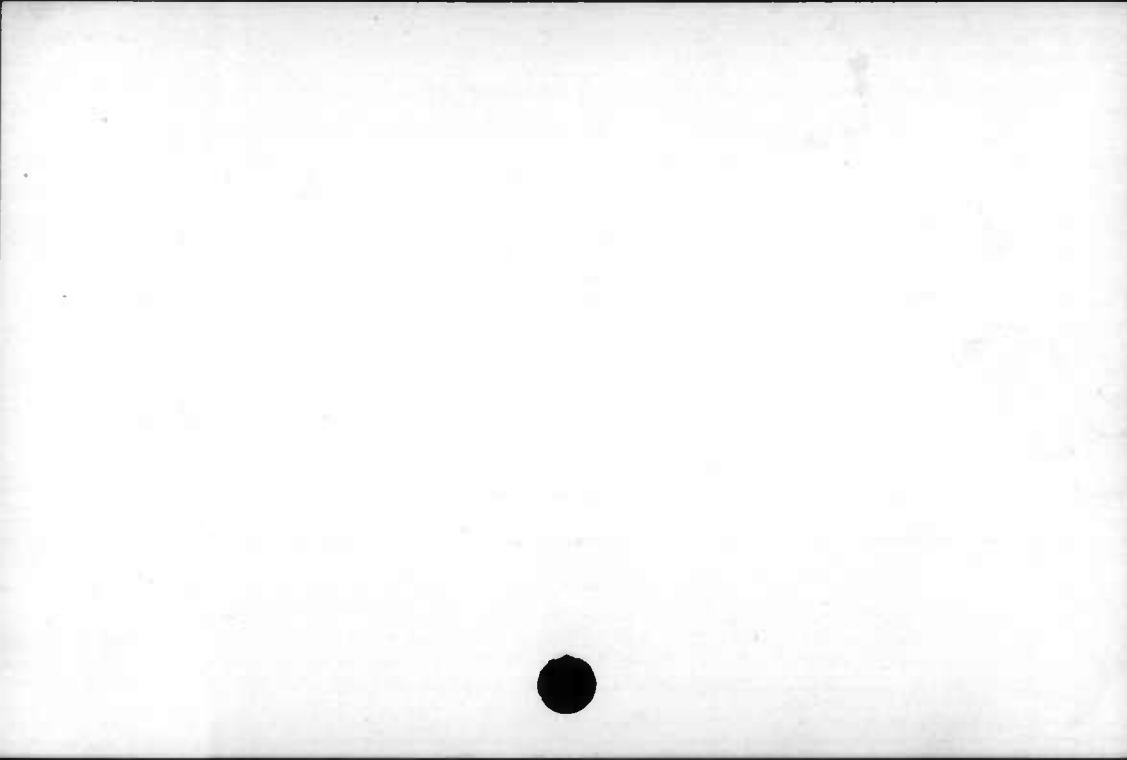
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pocomoke</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death 190	7 <del>Feb</del> Month	20 Day	Age	9 Years	Months Days
Sex <u>Female</u>	Color or Race <u>Color</u>	Birth place <u>Pocomoke</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>220. Franklin</u> <u>Cecil Franklin</u>	Father's Birthplace <u>Pocomoke</u>				
Mother's Maiden Name <u>Cecil Harris</u>	Mother's Birthplace <u>Pocomoke</u>				
Name of person giving information <u>Father</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Whooping Cough</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. J. O. Truitt</u>
	Address <u>Pocomoke City</u>
Accident or Suicide?	



Name  
in  
Full

James H Handy

## CERTIFICATE OF DEATH

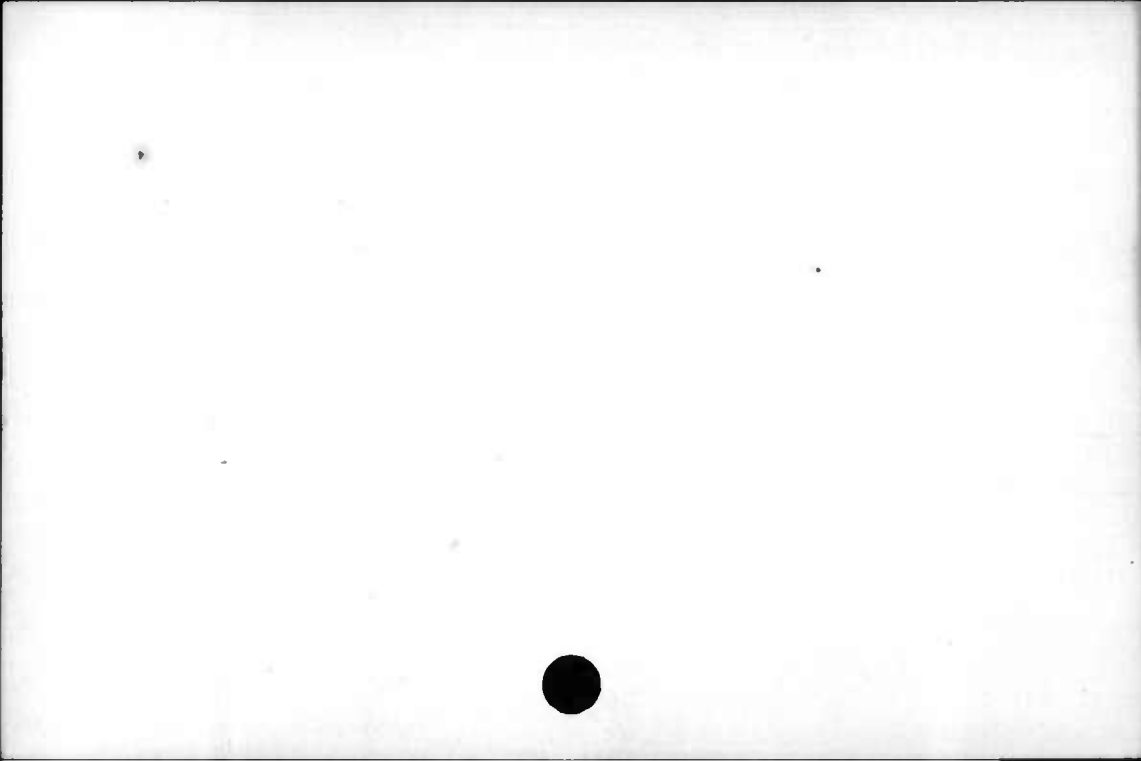
Died at <i>Bcomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Feb.</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>66</i> <small>Years</small>	<small>Months</small>	<small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co Md</i>		
Occupation <i>Retired Teacher</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, <i>Yes</i>	Name of Wife or Husband <i>Mary Smith</i>				
Father's Name <i>James Handy</i>	Father's Birthplace <i>Somerset Co Md</i>		Mother's Birthplace <i>Somerset Co Md</i>		
Mother's Maiden Name <i>Harriet Broughton</i>	Name of person giving Information <i>Mary Handy</i>		How related to deceased <i>Wife</i>		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary <i>Paralysis</i>	<i>(66)</i>	How long <i>about 2 years</i>
Immediate <i>Heart Failure &amp; other vital forces</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F J Coster</i>	Address <i>Bcomoke Md</i>
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
in  
Full

Mildred Hargis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pocomoke City</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup> <u>Feb</u> <sup>Day</sup> <u>22</u>	Age	<u>1</u> <sup>Years</sup>	<u>1</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Pocomoke</u>
Occupation	<u>—</u>				
Where Residing if not at place of death			<u>—</u>		
Married, Single or Widowed	<u>—</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Marion Hargis</u>			Father's Birthplace	<u>Pocomoke</u>
Mother's Maiden Name	<u>Bessie Linn</u>			Mother's Birthplace	<u>Pocomoke</u>
Name of person giving information	<u>Rosa Hargis</u>			How related to deceased	<u>None</u>

## CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>3 Wks</u>
Immediate	<u>Bacterial pneumonia</u>	How long	<u>8 Days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. L. Hall</u>	
		Address <u>Pocomoke City, Md</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

William Henry Holden  
Pocomoke City, Md

Town

County

MARYLAND

Date

1907

Month

February

Day

5

Age

Years

Months

3

Days

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Pocomoke

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name

Raymond Harris

Father's  
Birthplace

Pocomoke

Mother's  
Maiden Name

Ann Holden

Mother's  
Birthplace

—

Name of person giving  
Information

Harriet Coster

How related  
to deceased

Niece

## CAUSES OF DEATH

(8)

Primary

Whooping Cough

How long

3 Weeks

Immediate

Broncho pneumonia

How long

few days

Are the name, age, sex, color, date  
and place correctly given above?

—

Signature of  
Physician

R Reed Hall

Address

Pocomoke City, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Montrou Hickman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pasadena city</i> Town		<i>Monroester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>4</i> Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Monroester Co</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Near Pasadena city</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joe Hickman</i>	Father's Birthplace <i>Comeriat Co</i>				
Mother's Maiden Name <i>Emma West</i>	Mother's Birthplace <i>Orleans</i>				
Name of person giving information <i>John Hickman</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Burn</i>	<i>167</i>	How long <i>3 4 Hours</i>
Immediate <i>Shock &amp; Collapse</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. [Signature]</i>	Address <i>Pasadena city, Md</i>
Accident or Suicide?		



Name  
in  
Full

Denaud Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town		County <i>Morristown</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>5</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Mor Co Md</i>				
Occupation <i>Retired</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth Johnson</i>						
Father's Name <i>Thomas Johnson</i>	Father's Birthplace <i>Mor Co Md</i>						
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>						
Name of person giving Information <i>Howard Hickman</i>	How related to deceased <i>Son in Law</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>2 years</i>
Immediate <i>Necrosis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	





Name  
in  
Full

Louise Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Poemoke</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7th</i>	Day <i>19</i>	Age <i>73</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Col</i>		Birth-place <i>Virginia</i>		
Occupation			Where Residing if not at place of death		
<del>Married</del> Single or Widowed		Name of Wife or Husband			
Father's Name <i>Geo Currier</i> <i>Hanna</i>		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Burris</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Louisa Byron</i>		How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Grippe</i>	How long	<i>(10)</i>
Immediate	<i>Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr J. O. Truitt M.D.</i>	
		Address <i>Poemoke Cal</i>	
Accident or Suicide?			



Name  
in  
Full

Lydia M. Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *near Snow Hill* TownCounty *Worcester*

MARYLAND

Date

of death *1907*Month *Feb*Day *2*

Age

Years *79*Months *11*Days *—*

Sex

*Female*Color or  
Race*White*Birth  
place*Worcester Co. Md*

Occupation

*Retired*Where Residing If not  
at place of deathMarried, Single  
or Widowed*Widowed*Name of Wife or  
Husband*Avery Mason*Father's  
Name*Kendal Scarborough*Father's  
Birthplace*Wor. Co., Md*Mother's  
Maiden Name*Abigail Hancock*Mother's  
Birthplace*" " "*Name of person giving  
Information*David Hickman*How related  
to deceased*Nephew*

## CAUSES OF DEATH

Primary

*Pneumonia**(93)*

How long

*5 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Paul Jones*

Address

*Snow Hill Md*

Accident or Suicide?

*—*



Name  
in  
Full

Archie Purnell infant -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death	1907	Month	7th	Day	7
		Age	Years	Months	5
				Days	20
Sex	<u>Male</u>		Color or Race	<u>Black</u>	
Occupation			Birth-place	<u>Maryland</u>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <u>Ridley Purnell</u>			
Father's Name <u>Moses Purnell</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Ridley Marshall</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Robert Marshall</u>		How related to deceased <u>Grandfather</u>			

## CAUSES OF DEATH

Primary	<u>Broncho-Pneumonia</u> (92)	How long	<u>3 days</u>
Immediate		How long	

PHYSICIAN  
OR CORONER

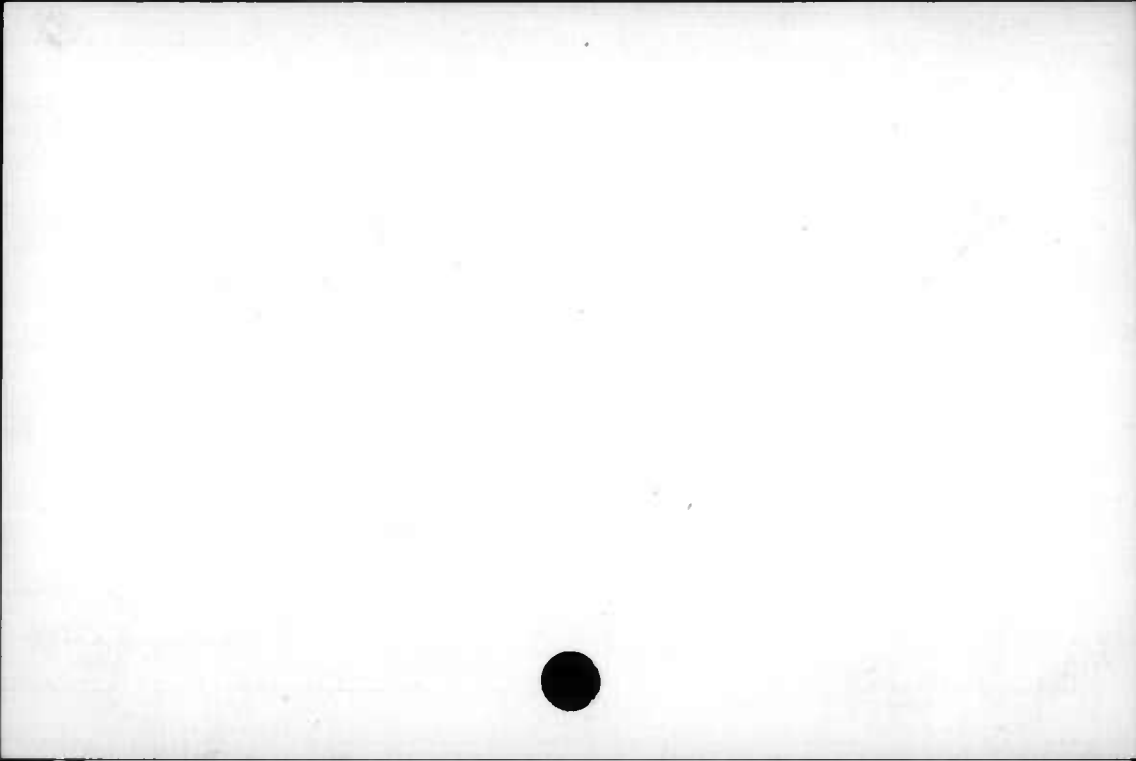
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Curriculum  
Berlin md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

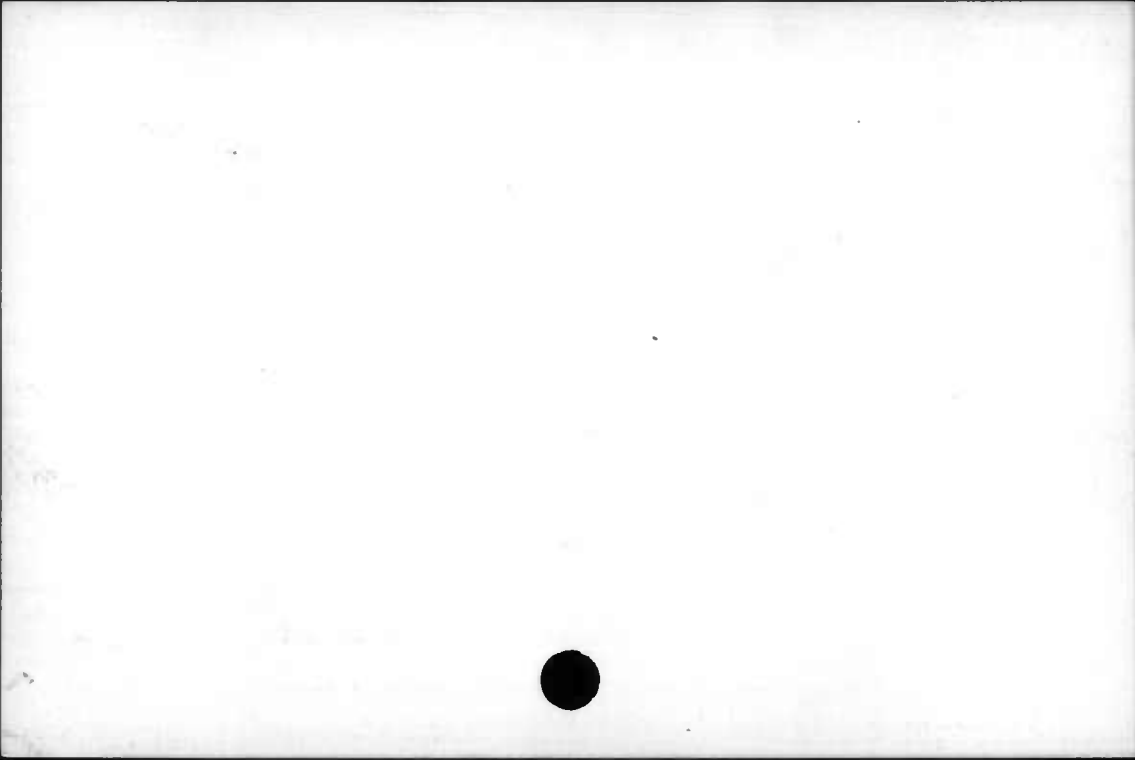
Died at <i>Pocomoke City</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>Feb</i> <sup>Month</sup>	<i>15</i> <sup>Day</sup>	<i>63</i> <sup>Years</sup>	<i>-</i> <sup>Months</sup>	<i>-</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co</i>		
Occupation <i>Showerer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie A. Richardson</i>			
Father's Name <i>Geo. A. Richardson</i>			Father's Birthplace <i>Wicomico Co</i>		
Mother's Maiden Name <i>Nancy Zimmerman</i>			Mother's Birthplace		
Name of person giving information <i>Geo. A. Richardson</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Parenchymatous Hepatitis</i>	How long	<i>Don't know</i>
Immediate	<i>Trasemia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hall</i>	
		Address <i>Pocomoke City Md.</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Harvey Rodgers* County *Worcester* MARYLAND  
Died at *Laytonville* Town  
Date of death 1907 *2* Month *25* Day *10* Years Months Days  
Sex *male* Color or Race *white* Birth-place *Eng*  
Occupation *none* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Hilary Rodgers* ✓ Father's Birthplace *Eng*  
Mother's Maiden Name *Annice Richardson* Mother's Birthplace *..*  
Name of person giving information *R. J. Lewis* How related to deceased *none*

## CAUSES OF DEATH

61

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

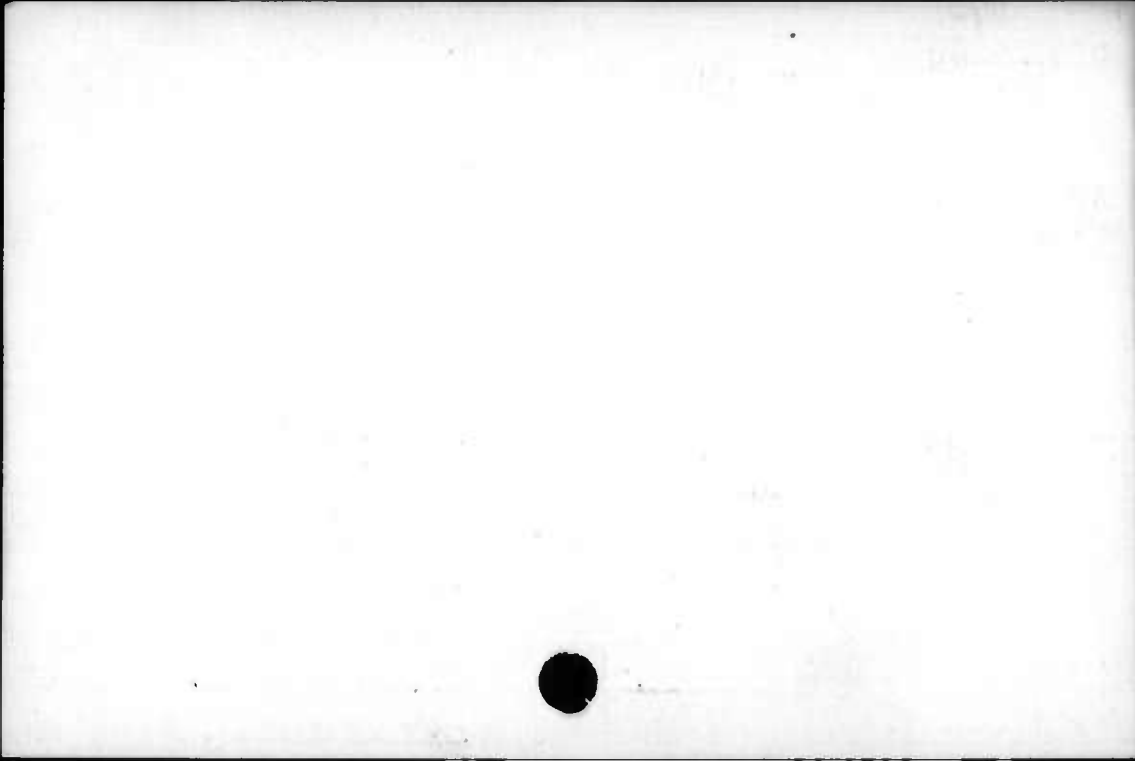
Signature of Physician

Address

How long

*Cerebro spinal meningitis 2 weeks*  
*The Holland*  
*Berlin Md*

Accident or Suicide?



Name  
in  
Full

*Elcie Smith Jr*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

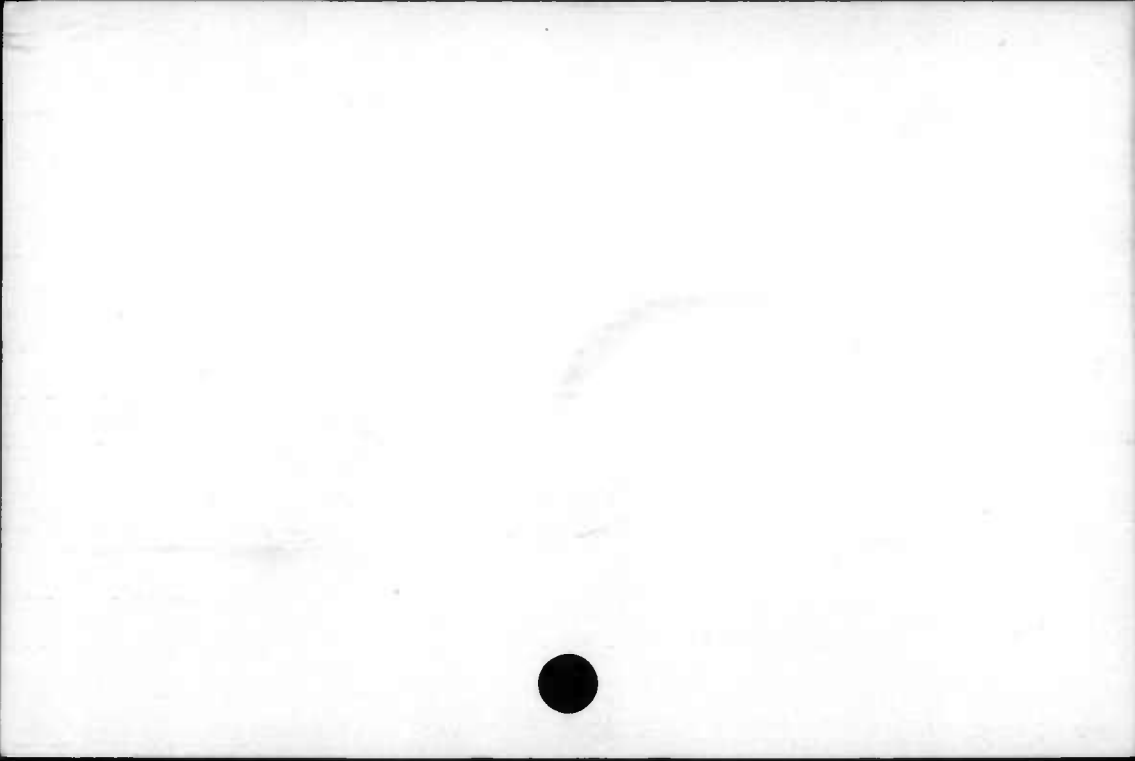
Died at <i>Jones</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 19 <i>07</i>	Month <i>Feb</i>	Day <i>21</i>	Age	Months	Days
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Jones</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Elcie Smith</i>			Father's Birthplace <i>Jones</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>Every since Birth</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Collins</i>
<i>Yes</i>	Address <i>Brickfield Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Annie Sparrow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

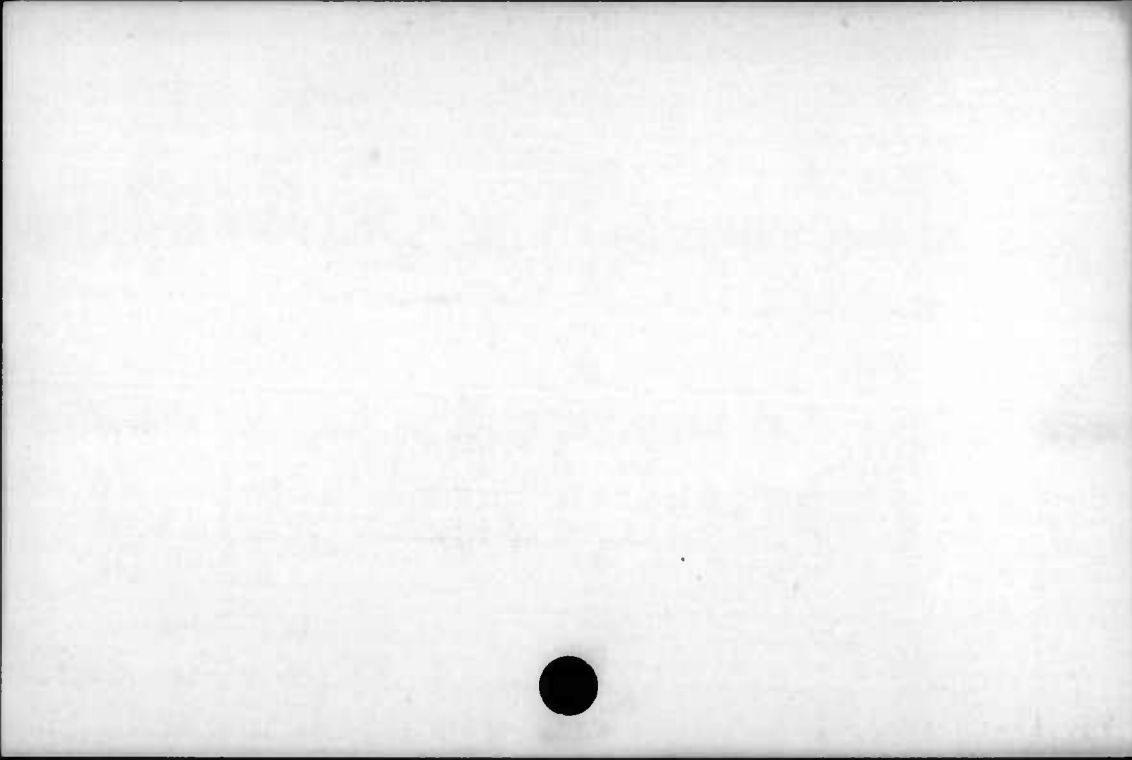
Died at <i>Strookton</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	Feb	Day	14
Age	20	Years	8	Months	16
Sex	Female	Color or Race	white	Birth-place	Va.
Occupation	House-wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>John Sparrow</i>			
Father's Name	<i>Don't know</i>			Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name	<i>Mary Scott</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>John Sparrow</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	<i>Puerperal infection</i>	How long	<i>5 weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. D. Dickerson</i>
		Address	<i>Strookton</i>
			<i>Worcester Va</i>
Accident or Suicide?			



Name  
in  
Full

Edward Vincent

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pocomoke</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Feb.</u>	Day	<u>7</u>
Sex		Color or Race		Age	Years
<u>Male</u>		<u>White</u>		<u>6</u>	Months
Occupation		Where Residing if not at place of death		Birth-place	
<u>School boy</u>		<u>at place of death</u>		<u>Pocomoke Md</u>	
Married, Single or Widowed		Name of Wife or Husband			
<u>Single</u>		<u>None</u>			
Father's Name		Father's Birthplace		Mother's Birthplace	
<u>J. Frank Vincent</u>		<u>Salisbury Md</u>		<u>Martinsburg Va</u>	
Mother's Maiden Name		How related to deceased			
<u>Alice E. Sison</u>		<u>Father</u>			
Name of person giving Information <u>J. Frank Vincent</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Croup</u>	How long	<u>3 days</u>
Immediate	<u>Suffocation</u>	How long	<u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. J. Rooster</u>	
		Address	
		<u>Pocomoke Md</u>	
Accident or Suicide?			

